



UNITED STATES CONGRESSMAN
BOB BEAUPREZ

DISTRICT OFFICE
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PRIVACY RELEASE FORM
(Required by the Privacy Act of 1974)

In accordance with Title 5, section 522 (a), of the United States Code, (the Privacy Act), I hereby authorize Congressman Bob Beauprez to request assistance on my behalf as he may deem necessary.

This form must be filled out directly by the constituent concerned unless legally authorized otherwise or if the constituent is under eighteen years of age.

Constituent Name: _____

Constituent Address: _____

Constituent Phone: _____ Fax: _____

Work: _____ Cell: _____

Date of Birth: _____ Social Security Number: _____

File Number (Alien Registration, File Number, VIN, etc.) _____

Signed: _____ Date: _____

(Any constituent must have an original signature on this form that can be mailed, faxed or dropped off at the address listed above.)

[illegible]

(You may attached additional pages if necessary.)